



State of California  
Department of General Services  
Procurement Division

## Small Business & DVBE Certification Application

STD. 812 (Rev. 2/1/2007)

Office of Small Business and DVBE Services (OSDS)

707 3<sup>rd</sup> Street, 1<sup>st</sup> Floor, Room 1-400

West Sacramento, CA 95605

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FOR STATE USE ONLY	
REF#	
<input type="checkbox"/> CERT	FROM
<input type="checkbox"/> DEN	TO
S C N M	CO/DT

TYPE OR PRINT CLEARLY IN INK. USE ADDITIONAL PAPER IF NECESSARY.

CERTIFICATION TYPE (CHECK ONE)

- ☐ **SMALL BUSINESS (SB) ONLY**  
(Complete entire application except Section 8)
- ☐ **DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) ONLY**  
(Complete entire application except Section 4)
- ☐ **BOTH SB & DVBE**  
(Complete entire application)

### 1. APPLICANT'S BUSINESS INFORMATION (ALL APPLICANTS MUST COMPLETE SECTION 1)

A. APPLICANT'S LEGAL BUSINESS NAME		B. APPLICANT'S FICTITIOUS OR "DOING BUSINESS AS" (DBA) NAME (AS IT WILL APPEAR ON A STATE CONTRACT)	
C. APPLICANT'S MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)		CITY	STATE ZIP CODE
D. APPLICANT'S PHYSICAL ADDRESS OF PRINCIPAL OFFICE (DO NOT USE P.O. BOX) <b>DO NOT LEAVE BLANK</b>		CITY	STATE ZIP CODE
E. FEDERAL EMPLOYER ID NUMBER (FEIN)	F. SOCIAL SECURITY NUMBER	G. DUN & BRADSTREET (DUNS) NUMBER	H. DATE BUSINESS STARTED
I. PHONE NUMBER	J. FAX NUMBER	K. E-MAIL ADDRESS	L. INTERNET HOMEPAGE ADDRESS
M. IS YOUR FIRM <b>INDEPENDENTLY OWNED AND OPERATED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		N. IS YOUR FIRM <b>DOMINANT IN ITS FIELD OF OPERATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
O. ENTER THE <b>APPLICANT FIRM'S AVERAGE NUMBER OF EMPLOYEES FOR THE LAST FOUR QUARTERS</b> , INCLUDING ALL EMPLOYEES THAT ARE IN CALIFORNIA, OUT-OF-STATE AND/OR OUT OF THE COUNTRY. IF YOU HAVE BEEN IN BUSINESS FOR LESS THAN A YEAR, ENTER THE NUMBER OF EMPLOYEES AVERAGED OVER THE NUMBER OF QUARTERS THAT YOU WERE IN BUSINESS.			NUMBER OF EMPLOYEES
P. OWNERSHIP TYPE (CHECK ONE) <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY CO. <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> JT. VENTURE			
Q. DID YOUR OWNERSHIP STRUCTURE CHANGE WITHIN THE LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE Q1 AND Q2		1. ENTER THE PREVIOUS OWNERSHIP TYPE (USE TYPES IN SECTION P ABOVE)	2. ENTER THE DATE THE CHANGE OCCURRED
R. IF YOU CHECKED "CORPORATION" OR "LIMITED LIABILITY CO." IN SECTION "P," ENTER YOUR CALIFORNIA SECRETARY OF STATE NUMBER.	SECRETARY OF STATE NUMBER	S. IF YOU ARE BIDDING ON A STATE CONTRACT WITHIN THE NEXT THIRTY DAYS, ENTER THE BID DUE DATE AND CONTRACT NUMBER.	1. BID DUE DATE 2. CONTRACT NUMBER
T. BUSINESS TYPE (CHECK ALL THAT APPLY) <input type="checkbox"/> SERVICE <input type="checkbox"/> CONSTRUCTION (SEE "U" BELOW) <input type="checkbox"/> MANUFACTURER (TRANSFORMS MATERIALS INTO NEW PRODUCTS—SEE "V" BELOW) <input type="checkbox"/> NON-MANUFACTURER (RESELLER, WHOLESALER, DISTRIBUTOR, OR RETAILER OF GOODS)			
U. IF YOU CHECKED " <b>CONSTRUCTION</b> " IN SECTION "T," COMPLETE U1 AND U2.		1. CONTRACTOR'S LICENSE NUMBER	2. LICENSE CLASSIFICATION CODES
V. IF YOU CHECKED " <b>MANUFACTURER</b> " IN SECTION "T," CHECK THE APPROPRIATE "YES" OR "NO" ANSWERS IN V1, V2, AND V3.			<b>YES</b> <b>NO</b>
1. ARE YOU PRIMARILY ENGAGED IN THE CHEMICAL OR MECHANICAL TRANSFORMATION OF RAW MATERIALS OR PROCESSED SUBSTANCES INTO NEW PRODUCTS?			
2. DO YOU USE YOUR OWN FACILITIES TO MANUFACTURE YOUR PRODUCTS?			
3. DOES 50% OR MORE OF YOUR GROSS ANNUAL RECEIPTS COME FROM THE SALE OF PRODUCTS MANUFACTURED BY YOUR BUSINESS?			

### 2. CALIFORNIA COUNTIES WHERE THE APPLICANT FIRM CAN PROVIDE ITS GOODS OR SERVICE (ALL APPLICANTS)

CHECK THE CALIFORNIA COUNTY BOX(ES) WHERE THE APPLICANT FIRM CAN PROVIDE ITS SERVICE OR GOODS. CHECK "STATEWIDE" FOR ALL COUNTIES.

- |                                       |                                    |                                      |                                     |  |                                      |                                   |
|---------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> STATEWIDE    | <input type="checkbox"/> DEL NORTE | <input type="checkbox"/> LAKE        | <input type="checkbox"/> MONO       | <input type="checkbox"/> SAN BENITO      | <input type="checkbox"/> SANTA CLARA | <input type="checkbox"/> SUTTER   |
| <input type="checkbox"/> ALAMEDA      | <input type="checkbox"/> EL DORADO | <input type="checkbox"/> LASSEN      | <input type="checkbox"/> MONTEREY   | <input type="checkbox"/> SAN BERNARDINO  | <input type="checkbox"/> SANTA CRUZ  | <input type="checkbox"/> TEHAMA   |
| <input type="checkbox"/> ALPINE       | <input type="checkbox"/> FRESNO    | <input type="checkbox"/> LOS ANGELES | <input type="checkbox"/> NAPA       | <input type="checkbox"/> SAN DIEGO       | <input type="checkbox"/> SHASTA      | <input type="checkbox"/> TRINITY  |
| <input type="checkbox"/> AMADOR       | <input type="checkbox"/> GLENN     | <input type="checkbox"/> MADERA      | <input type="checkbox"/> NEVADA     | <input type="checkbox"/> SAN FRANCISCO   | <input type="checkbox"/> SIERRA      | <input type="checkbox"/> TULARE   |
| <input type="checkbox"/> BUTTE        | <input type="checkbox"/> HUMBOLDT  | <input type="checkbox"/> MARIN       | <input type="checkbox"/> ORANGE     | <input type="checkbox"/> SAN JOAQUIN     | <input type="checkbox"/> SISKIYOU    | <input type="checkbox"/> TUOLUMNE |
| <input type="checkbox"/> CALAVERAS    | <input type="checkbox"/> IMPERIAL  | <input type="checkbox"/> MARIPOSA    | <input type="checkbox"/> PLACER     | <input type="checkbox"/> SAN LUIS OBISPO | <input type="checkbox"/> SOLANO      | <input type="checkbox"/> VENTURA  |
| <input type="checkbox"/> COLUSA       | <input type="checkbox"/> INYO      | <input type="checkbox"/> MENDOCINO   | <input type="checkbox"/> PLUMAS     | <input type="checkbox"/> SAN MATEO       | <input type="checkbox"/> SONOMA      | <input type="checkbox"/> YOLO     |
| <input type="checkbox"/> CONTRA COSTA | <input type="checkbox"/> KERN      | <input type="checkbox"/> MERCED      | <input type="checkbox"/> RIVERSIDE  | <input type="checkbox"/> SANTA BARBARA   | <input type="checkbox"/> STANISLAUS  | <input type="checkbox"/> YUBA     |
|                                       | <input type="checkbox"/> KINGS     | <input type="checkbox"/> MODOC       | <input type="checkbox"/> SACRAMENTO |  |                                      |                                   |

**3. APPLICANT'S OWNERSHIP** (ALL APPLICANTS MUST COMPLETE SECTION 3) ATTACH ADDITIONAL PAPER IF NECESSARY

**ALL APPLICANTS:** IN THE BOXES BELOW, ENTER THE NAMES OF ALL OWNERS/SHAREHOLDERS OF THE APPLICANT BUSINESS. YOU MUST ENTER THE COMPLETE HOME ADDRESS FOR ALL INDIVIDUAL OWNERS/SHAREHOLDERS. WHEN ANOTHER BUSINESS OWNS THE APPLICANT BUSINESS IN PART OR IN WHOLE, ENTER THE BUSINESS' COMPLETE PRINCIPAL OFFICE ADDRESS IN THE "HOME ADDRESS" BOX. THE APPLICANT'S OWNERSHIP INTEREST MUST TOTAL 100%.

**ALL CORPORATIONS:** CORPORATIONS MUST ALSO IDENTIFY ALL OF THEIR CORPORATE OFFICERS (PRESIDENT, VICE PRESIDENT (VP), SECRETARY, AND TREASURER) WHETHER THEY HAVE OWNERSHIP IN THE BUSINESS OR NOT. **AN OMISSION OF ANY OF THESE FOUR OFFICERS WILL DELAY YOUR CERTIFICATION RESULTS.** IF YOU DON'T HAVE A VICE PRESIDENT, ENTER "NO VP" IN THE "INDIVIDUAL'S TITLE" COLUMN. IF AN INDIVIDUAL HOLDS MULTIPLE TITLES, LIST ALL TITLES FOR THAT PERSON.

**ALL LIMITED LIABILITY COMPANIES:** IN ADDITION TO THE APPLICANT'S LLC MEMBERS, YOU MUST ENTER THE LLC MANAGER(S) AND/OR OFFICER(S).

**A DVBE LLC** MUST BE (100%) WHOLLY OWNED BY ONE OR MORE DISABLED VETERAN(S).

**\*\*\*ALL DVBE APPLICANTS:** DVBS MUST ALSO CHECK THE "DV" BOX NEXT TO EACH OF YOUR QUALIFYING DISABLED VETERAN(S).

NAME OF INDIVIDUAL OWNER(S), SHAREHOLDER(S), AND/OR CORP. OFFICERS	INDIVIDUAL'S TITLE (DO NOT LEAVE BLANK. CORPS. MUST SPECIFY ALL 4 CORP. OFFICERS)	INDIVIDUAL'S OWNERSHIP % (MUST TOTAL 100%)	HOME ADDRESS (STREET ADDRESS-NO P.O. BOX) THIS IS A CERTIFICATION REQUIREMENT DO NOT LEAVE BLANK OR ENTER A NON-HOME ADDRESS	CITY	STATE	ZIP	***DV?

**4. AFFILIATE BUSINESS RELATIONSHIPS**

ALL SMALL BUSINESS APPLICANTS MUST COMPLETE SECTION 4.  
DO NOT LEAVE BLANK OR ENTER "N/A"

**PART A**—ALL SMALL BUSINESS APPLICANTS MUST ANSWER EACH OF THE 8 QUESTIONS BELOW TO IDENTIFY POTENTIAL AFFILIATE BUSINESSES. ALL BUSINESS RELATIONSHIPS MEETING ANY OR ALL OF THE FOLLOWING 8 CRITERIA MAY BE CONSIDERED TO BE AFFILIATED EVEN IF NO BUSINESS INCOME WAS GENERATED.

DURING ANY ONE (OR ALL) OF THE PREVIOUS THREE TAX YEARS, DID THE APPLICANT OR ITS INDIVIDUAL OWNERS/OFFICERS:	YES	NO	DURING ANY ONE (OR ALL) OF THE PREVIOUS THREE TAX YEARS, DID THE APPLICANT OR ITS INDIVIDUAL OWNERS/OFFICERS:	YES	NO
1. HAVE A CONTROLLING OWNERSHIP INTEREST IN ANOTHER BUSINESS?			2. SHARE OR HAVE COMMON OWNERS WITH ANOTHER BUSINESS?		
3. SHARE OR HAVE COMMON MANAGEMENT WITH ANOTHER BUSINESS? ("MANAGEMENT" REFERS TO THE OWNERS/OFFICERS THAT CONTROL THE BUSINESS' DECISIONS AND DAY-TO-DAY OPERATIONS.)			4. HAVE A FAMILY MEMBER(S) ENGAGED IN A SIMILARLY OR COMMONLY RELATED BUSINESS ACTIVITY AS THE APPLICANT?		
5. HAVE A FINANCIAL RELATIONSHIP WITH ANOTHER BUSINESS, CONSISTING OF LOANS AND/OR ASSISTANCE TO MEET BOND/SECURITY OR CREDIT REQUIREMENTS? (EXCLUDE THOSE WITH PUBLIC FINANCIAL INSTITUTIONS.)			6. HAVE A CONTRACTUAL RELATIONSHIP BETWEEN THE APPLICANT FIRM AND ANOTHER COMPANY CONSISTING OF ASSIGNMENTS, AND/OR TRANSFER OF TITLE(S)?		
7. SHARE FACILITIES, EQUIPMENT OR SYSTEMS WITH ANOTHER BUSINESS?			8. SHARE EMPLOYEES WITH ANOTHER BUSINESS?		

**PART B**—IF YOU CHECKED "SOLE PROPRIETORSHIP" IN SECTION 1P, YOU MUST ANSWER THE FOLLOWING QUESTION.

DID THE APPLICANT'S OWNER HAVE OTHER SOLE PROPRIETORSHIPS (BESIDES THE APPLICANT FIRM) DURING ANY ONE (OR ALL) OF THE THREE PREVIOUS TAX YEARS?

YES	NO

**PART C**—IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS IN 4A AND/OR 4B, YOU MUST COMPLETE THIS SECTION. (ATTACH ADDITIONAL PAPER IF NECESSARY)

YOU MUST IDENTIFY EACH BUSINESS THAT APPLIES TO YOUR "YES" RESPONSE IN SECTION 4A AND/OR 4B ABOVE. YOU ONLY HAVE TO LIST THE BUSINESS ONCE IF THERE ARE MULTIPLE REASONS AND/OR PERSONS THAT ESTABLISH THE RELATIONSHIP.

ENTER THE NAME AND ADDRESS OF EACH BUSINESS ASSOCIATED WITH EACH OF YOUR "YES" ANSWERS IN 4A OR 4B ABOVE		ENTER THE NAME(S) OF THE OWNER(S) OR OFFICER(S) IN THE APPLICANT FIRM THAT IS ASSOCIATED WITH THE BUSINESS LISTED BELOW	RELATIONSHIP OR TITLE THIS OWNER/OFFICER HAS WITH THE BUSINESS LISTED BELOW	OWNERSHIP % THAT THIS OWNER/OFFICER HOLDS IN THE BUSINESS BELOW	RELATIONSHIP		ENTER THE LISTED BUSINESS' AVERAGE # OF EMPLOYEES OVER THE LAST 4 QTRS
					START DATE	END DATE	
1	BUSINESS NAME						
	BUSINESS ADDRESS						
2	BUSINESS NAME						
	BUSINESS ADDRESS						

**GROSS ANNUAL RECEIPTS TABLE**

USE THIS TABLE TO LOCATE THE GROSS ANNUAL RECEIPTS ON A FEDERAL TAX RETURN AS REQUIRED IN SECTION 5 BELOW

IF YOUR FIRM OWNERSHIP TYPE IS A:	YOUR GROSS ANNUAL RECEIPTS LESS RETURNS & ALLOWANCES ARE LOCATED ON:
SOLE PROPRIETORSHIP	SCHEDULE C (FORM 1040), SECTION A, LINE 3
PARTNERSHIP OR S-CORPORATION (RENTAL OR LEASING BUSINESS)	FORM 8825, TOTAL OF LINE 3 COMBINED
PARTNERSHIP (ALL OTHER BUSINESS TYPES)	FORM 1065, LINE 1C
S-CORPORATION (ALL OTHER BUSINESS TYPES)	FORM 1120S, LINE 1C
C-CORPORATION	FORM 1120 OR 1120A, LINE 1C
LIMITED LIABILITY COMPANY - SINGLE MEMBER/MANAGER	FORM 1040, SCHEDULE C, LINE 3 OR FORM 1120 OR 1120A, LINE 1C
LIMITED LIABILITY COMPANY - MULTIPLE MEMBERS/MANAGERS WITH PARTNERSHIP TAX STRUCTURE	FORM 1065, LINE 1C
LIMITED LIABILITY COMPANY - MULTIPLE MEMBERS/MANAGERS WITH S-CORP TAX STRUCTURE	FORM 1120S, LINE 1C
LIMITED LIABILITY COMPANY - MULTIPLE MEMBERS/MANAGERS WITH C-CORP TAX STRUCTURE	FORM 1120 OR 1120A, LINE 1C
LIMITED LIABILITY PARTNERSHIP	FORM 1065, LINE 1C

**5. GROSS ANNUAL RECEIPTS (ALL APPLICANTS MUST COMPLETE SECTION 5) (ATTACH ADDITIONAL PAPER IF NECESSARY)**

FOR EACH OF THE THREE MOST RECENTLY COMPLETED TAX YEARS, BEGINNING WITH THE MOST CURRENT YEAR IN ROW 1, ENTER YOUR FIRM'S "GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES" AS REPORTED ON YOUR BUSINESS' FEDERAL INCOME TAX RETURN. (SEE "GROSS ANNUAL RECEIPTS TABLE" ABOVE.) ADDITIONALLY, IF YOU HAVE AFFILIATES (AS IDENTIFIED IN SECTION 4), YOU MUST ENTER THEIR GROSS ANNUAL RECEIPTS IN THE "AFFILIATE" SPACE(S) PROVIDED BELOW. IF THE APPLICANT OR AFFILIATE IS LESS THAN THREE YEARS OLD, ENTER THE RECEIPTS ONLY FOR THOSE YEARS THAT THEY WERE IN BUSINESS.

**APPLICANT**

TAX YEAR	FROM TAX YEAR START (MM/DD/YY)	TO TAX YEAR END (MM/DD/YY)	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES (SEE "ANNUAL GROSS RECEIPTS" TABLE ABOVE)
1.	/ /	/ /	\$
2.	/ /	/ /	\$
3.	/ /	/ /	\$

**AFFILIATE 1 — ENTER YOUR FIRST AFFILIATE'S NAME FROM SECTION 4 HERE (IF ANY)→**

TAX YEAR	FROM TAX YEAR START (MM/DD/YY)	TO TAX YEAR END (MM/DD/YY)	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES (SEE "ANNUAL GROSS RECEIPTS" TABLE ABOVE)
1.	/ /	/ /	\$
2.	/ /	/ /	\$
3.	/ /	/ /	\$

**AFFILIATE 2 — ENTER YOUR SECOND AFFILIATE'S NAME FROM SECTION 4 HERE (IF ANY)→**

TAX YEAR	FROM TAX YEAR START (MM/DD/YY)	TO TAX YEAR END (MM/DD/YY)	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES (SEE "ANNUAL GROSS RECEIPTS" TABLE ABOVE)
1.	/ /	/ /	\$
2.	/ /	/ /	\$
3.	/ /	/ /	\$

**6. BUSINESS CLASSIFICATION CODES AND DESCRIPTION KEYWORDS (ALL APPLICANTS MUST COMPLETE SECTION 6)**

A. IF YOU ARE A "SERVICE," "NON-MANUFACTURER," OR "MANUFACTURER," USE THE LIST OF SIC AND NAICS CLASSIFICATION CODES LOCATED ON THE INTERNET AT [WWW.PD.DGS.CA.GOV/SMBUS](http://WWW.PD.DGS.CA.GOV/SMBUS), ENTER UP TO THREE SIC AND THREE CORRESPONDING NAICS CODES WHICH BEST CLASSIFY YOUR LINE OF BUSINESS.

\*\*\*\*"CONSTRUCTION" FIRMS ARE CLASSIFIED BY THEIR CONTRACTORS STATE LICENSE BOARD CLASSIFICATION CODES. DO NOT SELECT SIC OR NAICS CODES.

SIC 1	SIC 2	SIC 3	NAICS 1	NAICS 2	NAICS 3

B. ALL FIRMS (INCLUDING CONSTRUCTION FIRMS) ENTER THE INDIVIDUAL **KEYWORDS** (DESCRIPTIVE TERMS) WHICH BEST DESCRIBE YOUR BUSINESS AND ITS OFFERINGS. CONSIDER USING TERMS THAT WILL HELP STATE BUYERS AND POTENTIAL BUSINESS PARTNERS LOCATE YOUR BUSINESS WHEN THEY USE THE STATE'S "ONLINE CERTIFIED SMALL BUSINESS AND/OR DVBE SEARCH ENGINE." YOUR KEYWORDS WILL BE TRUNCATED TO 255 CHARACTERS. ONCE YOU ARE CERTIFIED, YOU CAN UPDATE YOUR KEYWORDS ONLINE.

**7. COMMERCIALLY USEFUL FUNCTION (CUF) (ALL APPLICANTS MUST COMPLETE SECTION 7)**

ANSWER THE FOLLOWING QUESTIONS AS THEY APPLY TO THE APPLICANT FIRM WHEN FULFILLING A CONTRACT OR PURCHASE ORDER.	YES	NO
A. IS THE APPLICANT FIRM RESPONSIBLE FOR THE EXECUTION OF A DISTINCT ELEMENT OF THE WORK OF THE CONTRACT OR PURCHASE ORDER?		
B. WILL THE APPLICANT FIRM CARRY OUT ITS OBLIGATION ON A CONTRACT OR PURCHASE ORDER BY ACTUALLY PERFORMING, MANAGING, OR SUPERVISING THE WORK INVOLVED?		
C. WILL THE APPLICANT FIRM PERFORM WORK ON A CONTRACT OR PURCHASE ORDER THAT IS NORMAL FOR ITS BUSINESS SERVICES AND FUNCTIONS?		
D. DOES THE APPLICANT FIRM PERFORM WORK THEMSELVES, RATHER THAN FURTHER SUBCONTRACTING A PORTION OF THE WORK THAT IS GREATER THAN WOULD BE EXPECTED BY NORMAL INDUSTRY PRACTICES?		
E. DOES THE APPLICANT FIRM ADD VALUE BY PERFORMING WORK THEMSELVES, RATHER THAN BEING AN EXTRA PARTICIPANT IN A TRANSACTION, CONTRACT, OR PROJECT THROUGH WHICH FUNDS ARE PASSED IN ORDER TO ACHIEVE THE APPEARANCE OF SMALL BUSINESS AND/OR DVBE PARTICIPATION?		

**8. DVBE MANAGEMENT AND CONTROL (ALL DVBE APPLICANTS MUST COMPLETE SECTION 8)**

A. ANSWER THE FOLLOWING QUESTIONS AS THEY APPLY TO THE <b>MANAGERIAL CONTROL</b> OF THE APPLICANT FIRM.	YES	NO
1. IS THE DISABLED VETERAN (DV) OWNER(S) OR DV MANAGER(S) RESPONSIBLE FOR THE NEGOTIATIONS, EXECUTION, AND SIGNATURE OF CONTRACTS?		
2. IS THE DV OWNER(S) OR DV MANAGER(S) RESPONSIBLE FOR THE EXECUTION (SIGNING) OF FINANCIAL TRANSACTIONS AND AGREEMENTS (CREDIT, BANKING, BONDING)?		
B. ANSWER THE FOLLOWING QUESTIONS AS THEY APPLY TO THE <b>OPERATIONAL CONTROL</b> OF THE APPLICANT FIRM.	YES	NO
1. ARE THERE ANY FORMAL OR INFORMAL RESTRICTIONS LIMITING THE VOTING POWER OR CONTROL OF THE DV OWNER(S) AND/OR DV MANAGER(S)?		
2. ARE THERE ANY THIRD PARTY AGREEMENTS RESTRICTING THE CONTROL OF THE DV OWNER(S) AND/OR DV MANAGER(S)?		
3. DOES THE DV OWNER(S) OR DV MANAGER(S) POSSESS THE REQUISITE EXPERIENCE, EDUCATION, KNOWLEDGE, AND QUALIFICATIONS IN THE APPLICANT FIRM'S FIELD OF OPERATIONS?		
4. ARE THE SALARY/PROFITS OF THE DV OWNER(S) AND DV MANAGER(S) COMMENSURATE (PROPORTIONATE) WITH THEIR OWNERSHIP INTEREST?		
5. DOES THE DV OWNER(S) OR DV MANAGER(S) HAVE DIRECT RESPONSIBILITY FOR SUBORDINATES, IF ANY?		
6. DOES THE DV OWNER(S) OR DV MANAGER(S) HAVE DIRECT RESPONSIBILITY FOR SUBCONTRACTORS, IF ANY?		
7. DOES THE DV OWNER(S) OR DV MANAGER(S) HAVE DIRECT RESPONSIBILITY FOR THE APPLICANT FIRM'S EQUIPMENT?		
8. DOES THE DV OWNER(S) OR DV MANAGER(S) HAVE DIRECT RESPONSIBILITY FOR THE APPLICANT FIRM'S MATERIALS?		
9. DOES THE DV OWNER(S) OR DV MANAGER(S) HAVE DIRECT RESPONSIBILITY FOR THE APPLICANT FIRM'S FACILITIES (OFFICE/YARD)?		
C. IF YOU ARE A DVBE APPLICANT AND CHECKED " <b>CORPORATION</b> " IN SECTION 1P, YOU MUST ALSO ANSWER THE QUESTIONS IN SECTION 8C.	YES	NO
1. DOES THE DV OWNER(S) RECEIVE AT LEAST 51% OF ANY DIVIDENDS PAID BY THE FIRM, INCLUDING DISTRIBUTION UPON LIQUIDATION?		
2. DOES THE DV OWNER(S) HAVE THE ABILITY TO APPOINT OR ELECT AND TO REMOVE THE MAJORITY OF THE BOARD OF DIRECTORS?		
3. ARE THE DV OWNER(S) ENTITLED TO 100% OF THE VALUE OF EACH SHARE OF STOCK THEY HOLD?		

Pursuant to the Federal Privacy Act (P.L. 93-579) of 1974 and the California Information Practices Act (IPA) of 1977 (California Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this application. The requested personal information is mandatory. The principal purpose of this mandatory information is to determine eligibility for Small Business and/or DVBE Certification. Failure to provide all or any part of the requested information may delay processing of this application. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to the appropriate IPA Officer in the Department of General Services, Office of Small Business and DVBE Services.

**9. REQUIRED SIGNATURE (ALL APPLICANTS MUST SIGN THE APPLICATION)**

Any person that willfully provides false information is subject to serious penalties. The signatory of this document must be the applicant firm's owner (or officer, in the case of a corporation) and hereby certifies that he/she has read and understands that the applicant meets the applicable Small Business and/or DVBE certification requirements under Government Code Section 14835 et seq., and/or Military and Veterans Code Section 999 et seq., and California Code of Regulations, Title 2, Section 1896 et seq., and that the foregoing statement and all information herein are truthful and accurate. *I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.*

OWNER'S OR CORPORATE OFFICER'S SIGNATURE	OWNER'S OR CORPORATE OFFICER'S PRINTED NAME	DATE
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**Important Note:** All applicants are subject to verification or reverification of status at any time. Failure by a business to provide requested information that supports its eligibility, by the date and time specified by the OSDS, shall be grounds for denial or decertification. Please also note that sanctions may be imposed for certification program misuse. (See Title 2, California Code of Regulations, Sections 1896.14, 1896.16, and 1896.70. See also Government Code, Sections 14842 and 14842.5; and Military and Veterans Code, Section 999.9; available at [www.leginfo.ca.gov](http://www.leginfo.ca.gov).)

## **REQUIRED SUPPORT DOCUMENTATION THAT MUST ACCOMPANY YOUR SMALL BUSINESS CERTIFICATION APPLICATION**

If you are bidding on a state contract within the next 30 days and require expedited processing of your application, submit a copy of the bid solicitation document showing the state agency, title of contract opportunity, and the "Bid Due Date."

If you meet any of the following:

- You are a Limited Liability Company, or
- You are a "Manufacturer" **and** you answered "No" to one or more questions in Section 1V, or
- You selected three or more Business Types (in Section 1T), or
- An owner/officer of the applicant is a business, trust, holding company or parent company (in Section 3), or
- You have three or more affiliates (in Section 4C), or
- The combined gross annual receipts of the applicant and affiliates (entered in 4C) averages \$9 million or more over the previous three tax years, or
- The combined number of employees of the applicant and affiliates (entered in 4C) averages 75 or more over the previous four quarters, or
- You answered "No" to one or more questions in Section 7, or
- Your previous certification application was denied or revoked.

You must provide a copy of:

1. The entire **Federal Income Tax Returns** for the applicant business and each affiliate business (listed in Section 4C, if any) for the three most recently completed tax years (or for the years that you or your affiliate were in business if you have been in business for less than three years);

### **AND**

2. The "**Quarterly Wage and Withholding Report**" (Form DE 6) for the applicant business and each affiliate business (listed in Section 4C, if any) for the four most recently completed quarters. If the applicant and/or any affiliates have any out-of-state employees and/or employees that are out of the country, submit a copy of the out-of-state document equivalent to the Form DE 6 for the same previous four quarters.

**ADDITIONALLY**, if you meet any of the nine bulleted items above, you must also submit:

#### **Small Business Limited Liability Companies**

1. Your firm's current Articles of Organization as filed with the California Secretary of State.
2. Your firm's most recent "Statement of Information" as filed with the California Secretary of State.
3. Your firm's current Operating Agreement.

#### **Small Business Corporations**

1. The corporate meeting minutes showing the most recent election of all current corporate officers and director, or
2. The last "Statement of Information" (as filed with the California Secretary of State) that lists the current corporate officers.

#### **Small Business Joint Ventures** must comply with the following:

1. Each Joint Venture application is certified on a bid-by-bid basis.
2. Each coventurer must be certified as a Small Business.
3. Provide a copy of the Joint Venture agreement relating to the specific project that this Joint Venture is bidding on.

**DVBE APPLICANTS, please see page 6 for your support documentation requirements. ➔**

**REQUIRED SUPPORT DOCUMENTATION THAT MUST ACCOMPANY YOUR DVBE CERTIFICATION APPLICATION**

If you are bidding on a state contract within the next 30 days and require expedited processing of your application, submit a copy of the bid solicitation document showing the state agency, title of contract opportunity, and the "Bid Due Date."

**ALL DVBE APPLICANTS** must submit a copy of:

1. The entire **Federal Income Tax Returns** for the applicant business for the three most recently completed tax years.
  - Partnerships—In addition to the business' federal tax return, you must also provide the federal tax returns for each of the partners.
  - All DVBEs—If you rent equipment, you must also provide a copy of the federal tax returns for each disabled veteran(s) that own the equipment.
2. Current business license.
3. For each disabled veteran owner and/or manager, an Award of Entitlement letter:
  - From the U.S. Department of Veterans Affairs or Department of Defense.
  - Must be dated within six months of the OSDS receiving your submitted DVBE Certification Application.
  - The letter must certify or declare a "service-connected" disability rating of at least 10%.
  - To obtain an Award of Entitlement Letter, call the U.S. Department of Veterans Affairs at 1-800-827-1000.

**ADDITIONALLY:**

DVBE Partnerships must submit a copy of:

1. Your firm's partnership agreement.

DVBE Limited Liability Partnerships must submit a copy of:

1. Your firm's current partnership agreement.
2. Your firm's most recent "Limited Liability Partnership Registration" (LLP-1) as filed with the California Secretary of State.

DVBE Limited Liability Companies must submit a copy of:

1. Your firm's current Articles of Organization as filed with the California Secretary of State.
2. Your firm's most recent "Statement of Information" as filed with the California Secretary of State.
3. Your firm's current Operating Agreement.

DVBE Corporations must submit a copy of:

1. Your firm's corporate meeting minutes showing the most recent election of all current corporate officers and directors, or the last "Statement of Information" (as filed with the California Secretary of State) that reflects the current corporate officers.
2. Your firm's most recent corporate bylaws.

DVBE Jt. Venture Applicants must comply with the following:

1. Each Joint Venture application is certified on a bid-by-bid basis.
2. Each coventurer must be certified as a DVBE.
3. Provide a copy of the Joint Venture agreement relating to the specific project that this Joint Venture is bidding on.